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PATENT APPLICATION FEE DETERMINATION RECORD  Application or Docket Number    O   60400 4													
CLAIMS AS FILED - PART I (Coheno 2)									SMALL E	MTY	OR	OTHER TH SMALL ED	•
FOR			NUMBER FILED			NUMBER EXTRA			RATE	FEE		RATE	FEE
BASIC FEE profit Lines									s	OR	V. P.	s	
TOTAL CLAIMS GTGTRAMOD			minus 20 -			<del>                                     </del>			<u> </u>		OR	x\$	
DIDEPENDENT CLAIMS 61 GR LINDS			minus ) •		:3-	· /			<u></u>		OR	<u></u> -	
MULTIPLE DEPENDENT CLAIM PRESENT 01 GT LINGS								ŀ	<u>••</u>		OR	•	
• if the	difference in colors	er V b colum		TOTAL	375	OR	TOTAL						
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL E	MITTY	OR	OTHER TI SMALL EI	- 1
AMENDMENT A		CLAID REMAIN AFTE AMENDO	ring R		PRE	GHEST JABER VIOUSLY ID FOR	PRESENT EXTRA		RATE	addi- tional fee		RATE	addi- Tional Fee
	OSCH LUGO Total	20	,	Minus	••	20	=		x \$=		OR OR	x \$=	
	Independent of CM LMOD	. 3		Minus	•••	3	-	Ш	ا ا		OR	×	
		ENTATION	N OF MULTIPLE DEPE		ENDE	CC AIM	US CFR 1.16(A))	11					
لـــا	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM US OF A LIGHT							) [			OR	TOTAL	
(Cotame 1) (Co				olama 2)	(Cotomo 3)	ΑD	TOTAL DIT. FEE		OR	DDIT. FEE	<u> </u>		
AMENDMENT B	, a	CLAII REMATI APTE AMENDI	NING R	our en	PRE	GHEST UMBER VIOUSLY LID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	addi- Tional Fee
	Total profit Luig	. 10	)	Minus	*	20	- /	][	x \$		OR OR	<u> </u>	
	(ndependent (27 CPR LIGOD)	.3		Minus		3	-/		×		OR	×	
	FIRST PRES	DITATIO	ION OF MULTIPLE DEF		ENDENT CLAIM		PTOTE LINE		·		OR	l∙ <u></u> -	
7	7/22/15 (Cohuma 1) (Cohuma 2) (Co						(Column 3)	۰ اس ۸ ر	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
AMENDMENTC		CLAI REMAI AFTI AMEND	NING R		N PRE	GHEST UMBER VIOUSLY VIO FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total or ora wea	• /	9	Minus	••	20	- /		. s		OR	. s	
	Independent of corn usage	3		Minus	•••	3	- /		·•		OR OR	·	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM 0107 MILES								+ <u> </u> -		OR	·	
i t	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highes Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  *** If the "Highes Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highes Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.												
950	n Hour Sustances	This form	a CE COURT	a 6 ale 02 h		complete. Time	will very depending	3 40	on the needs o	7 de 160-160	Tää.	/	

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